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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: August 21, 2006
Pages: 17 pages (including this cover sheet)

MESSAGE:

RESPONSE UNDER 37 CFR 1.116
-- EXPEDITED PROCEDURE --
EXAMINING GROUP 2891

MAGNETICALLY LINED CONDUCTORS
Application No. 10/632,365
Examiner D. Menz
Art Unit 2891

Amendment Transmittal
Petition and Fee for Extension of Time
Amendment After Final

YOR920030045US1
(590.104)

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ERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YOR920030045US1
(590.104)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Ingvarsson et al.
Serial No. : 10/632,365 Examiner : D. Menz
Filed : July 31, 2003 Art Unit : 2891
For : MAGNETICALLY LINED CONDUCTORS

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

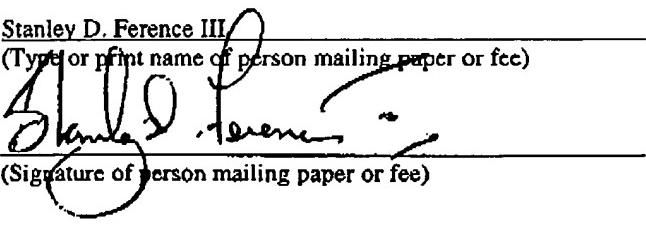
OR

2. In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. Small Entity status of this application has been established by a verified statement previously submitted.
4. A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on August 21, 2006 to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

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AUG 21 2006

Atty. Docket No. YOR92003004SUS1
(590.104)

5. Also enclosed:
6. No additional filing fee is required.
7. The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	<u>SMALL ENTITY</u>		OTHER THAN A <u>SMALL ENTITY</u>	
Total	18	** 20	= * 0	RATE	FEE	RATE	FEE
Claims				O	x	\$50	= 0
Ind.	3	*** 3	= * 0	x	\$100	= O	x \$200 = 0
Claims				+ \$180	= O	+ \$360 = R	
<input type="checkbox"/> Multiple Dependent Claim Presented				<u>TOTAL</u>	= \$ O	<u>TOTAL</u>	= \$ 0 R

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

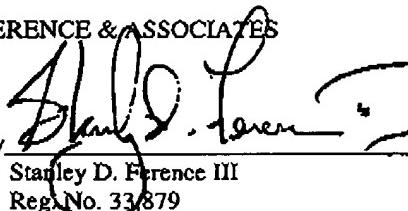
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. Applicant encloses herewith a check for \$____ to cover the filing fee.
9. The Commissioner is hereby authorized to charge the \$____ filing fee to Deposit Account No. 50-0510.
10. The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By 
Stanley D. Ference III
Reg. No. 33879

Dated: August 21, 2006

Mailing Address:

Customer No. 35195
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